

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000056775

Entity Name: AC GRACE LLC

FILED
Nov 23, 2006
Secretary of State

Current Principal Place of Business:

2306 E EDGEWOOD DR.
LAKELAND, FL 33803

New Principal Place of Business:

2216 LAKE HOLLOWAY BLVD
LAKELAND, FL 33801

Current Mailing Address:

2306 E EDGEWOOD DR.
LAKELAND, FL 33803

New Mailing Address:

2216 LAKE HOLLOWAY BLVD
LAKELAND, FL 33801

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NASEER, KHALID B
2216 LAKE HOLLOWAY BLVD
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KHALID B NASEER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NASEER, KHALID B
Address: 2216 LAKE HOLLOWAY BLVD
City-St-Zip: LAKELAND, FL 33801

Title: MGR () Delete
Name: YANO, YOSHIKAZU
Address: 5775 TANASI CT
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: REBECCA, NASEER A
Address: 2216 LAKE HOLLOWAY BLVD
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KHALID B NASEER

MGR

11/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date